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| Case Number: | CM14-0178714 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 03/06/2009 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/05/2013 |
| Priority: | Standard | Application Received: | 09/18/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old male with an injury date of 03/06/09. The 08/27/13 progress report by the treater states that the patient presents with pain in the neck, thoracic area, lower back, left shoulder and hips. Pain is constant without medication and rated 6/10 with. He presents with mild gastritis caused by use of Naproxen and is a candidate for a right C4-5 Transforaminal Epidural Steroid Injection (TFESI). The patient has been on modified work since 08/30/12. Examination of the cervical spine reveals bilateral tenderness and spasms of the paraspinals and trapezius muscles with reduced range of motion. Examination of the lumbar spine shows decreased range of motion. The patient's diagnoses include: 1. Chronic neck and back pain2. Lumbar radiculopathyContinuing medications are listed as Norco and Docuprene. Starting medications are listed as Naproxen and Prilosec. The utilization review being challenged is dated 09/05/13. Reports were provided from 04/09/13 to 08/27/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg tid PRN for pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88, 89, 78.

Decision rationale: The patient presents with neck, thoracic, lower back, left shoulder and hip pain rated 6/10 with medication. The treater requests for Norco 10/325 mg TID PRN (Hydrocodone an opioid). The reports show this medication has been used since before 04/09/13. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, activities of daily living (ADLs), adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief."The treater states that the patient's pain is constant without medication, and that Norco relieves the patient's pain and causes constipation. Pain is routinely assessed through the use of pain scales and is rated 6/10 with medication (listed solely as Norco for pain) from 04/09/13 to 08/27/13. The treater states the goal of this treatment is to decrease pain and improve functionality, ADLs and quality of life. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are partially discussed. The treater documents the discussion of the risks, side effects and benefits of medications with the patient. The reports repeatedly state that urine drug screen (UDS) is to be run and requests authorization for the UDS completed 08/12/12; however, only this one report is mentioned, no urine toxicology reports are provided, no results are discussed and there is no discussion of CURES. Outcome measures are not provided as required by MTUS. Therefore, the request is not medically necessary and appropriate.

Docuprene 100mg bid #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Steps to Take Before a Therapeutic Trial of Opioids; Pro.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic medication Page(s): 76-78. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Institutes of Health, National Library of Medicine and <http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=44316>

Decision rationale: The patient presents with neck, thoracic, lower back, left shoulder and hip pain rated 6/10 with medications. The treater requests for Docuprene 100 mg bid #60. The reports show the patient has been taking this medication since at least 04/09/14. The MTUS guidelines pages 76-78 discusses prophylactic medication for constipation when opiates are used. MTUS and ODG do not discuss this medication. The National Institutes of Health, National Library of Medicine states this medication is a stool softener for the relief of occasional constipation. The patient is documented to be a long-term opioid user and the treater states on 08/27/13 that Norco causes constipation in the patient. The treater also states the use of the medication is for constipation; however, there is no mention as to whether this medication helps the patient. In this case, the medication is indicated for constipation that is present in this patient. Therefore, the request is medically necessary.

Prilosec 20mg qd #30 for gastritis: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk (PPI) proton pump inhi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck, thoracic, lower back, left shoulder and hip pain rated 6/10 with medications. The treater requests for Prilosec 20 mg QD #30 for gastritis (Omeprazole). MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, page 69 states omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events.1. Age is more than 65 years.2. History of peptic ulcers, GI bleeding, or perforations.3. Concurrent use of ASA, corticosteroids, and/or anticoagulant.4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The 08/27/13 treatment plan shows the patient is just starting this medication at the same time that Naproxen (an NSAID) is being started. The treater states, "He took some Naproxen which helped, only caused mild gastritis. He does not like to take Norco as it causes side effects such as constipation." In this case, the patient is documented to be using an NSAID and is experiencing gastritis. The request is medically necessary.